

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4915HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2011
NAME OF PROVIDER OR SUPPLIER DESERT VIEW HOME HEALTH INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6330 S EASTERN AVE STE 3 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Focused Abbreviated State Relicensure survey conducted in your facility on 5/9/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was 71. Five patient records were reviewed. Seven employee records were reviewed. One home visit was completed.</p> <p>The following deficiencies were identified:</p>	H 00			
H188	<p>449.797 Contents of Clinical Records</p> <p>Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to have a copy of the patient's durable power of attorney for health care in the</p>	H188			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H188	Continued From page 1 patient's record for 1 of 5 patient records reviewed. (Patients #4) 1. Review of Patient #4's clinical record revealed in the admission to care paperwork that the patient had a power of attorney for healthcare. The record lacked documented evidence of a copy of the power of attorney document. 2. Interview with the Administrator of the agency revealed that there had been no follow up with the patient's family and/or responsible person to obtain a copy of the document. Scope: 1 Severity: 2	H188			
H198	449.800 Medical Orders 6. Specific orders must be given for: (a) Rehabilitative and restorative care such as physiotherapy; (b) Skilled nursing and home health aide care; (c) Nutritional needs; (d) The degree of activity permitted; (e) Dressings and the frequency of change; (f) The instruction of a member of the family in technical nursing procedures; and (g) Any other items necessary to complete a specific plan of treatment for the patient. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide specific orders for care from a physician for 2 of 5 patients receiving services from the agency. (Patient #1 and #5) 1. Review of Patient #1's record revealed orders for skilled nursing visits of two times a week for eight weeks beginning the week of 1/30/11.	H198			

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H198	Continued From page 2 Three skilled nursing visits were completed the week of 2/6/11. The record lacked documented evidence of an order for the extra skilled nursing visit. 2. Review of Patient #5's record revealed an order at start of care for occupational therapy (OT) dated 4/20/11. The record lacked documented evidence of an OT evaluation being completed or documentation explaining why the evaluation was not completed. Interview with the Administrator revealed that she was not aware that the evaluation had been missed. Scope: 2 Severity: 2	H198			
H200	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on clinical record review, the agency failed to obtain new orders for changes made to the plan of care for 2 of 5 patient records sampled. (Patient #1 and #5) 1. Review of Patient #1's record revealed orders for skilled nursing visits of two times a week for eight weeks beginning the week of 1/30/11. Three skilled nursing visits were completed the week of 2/6/11. The record lacked documented evidence of an order for the extra skilled nursing visit. 2. Review of Patient #5's record revealed an order at start of care for occupational therapy (OT) dated 4/20/11. The record lacked documented evidence of an OT evaluation being completed or documentation explaining why the	H200			

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H200	Continued From page 3 evaluation was not completed. Interview with the Administrator revealed that she was not aware that the evaluation had been missed. Scope: 2 Severity: 2	H200			

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